

Council of Governors Meeting: Thursday 28 April 2016
CoG2016.06

Title	Trust Quality Account and Quality Priorities
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Purpose	For decision.
History	None.

Executive Summary

1. The quality report incorporates all the requirements of the Quality Account Regulations as well as a number of additional reporting requirements set by Monitor. The quality report specifically aims to improve public accountability for the quality of care.
2. Following feedback on the 2014/15 Quality Account from stakeholders and acknowledging that this quality report will form a part of the wider annual report, the report is expected to be shorter and more accessible.
3. Contained within the Quality Report are commitments to quality priorities within the domains of patient safety, clinical effectiveness and patient experience. Each Trust proposes priorities for the forthcoming year and reports back achievements from the current year. Staff and public engagement is sought when devising quality priorities.
4. External consultation takes place with Oxfordshire Clinical Commissioning Group, Health Watch Oxfordshire, the Health and Wellbeing Board, the Joint Overview and Scrutiny Committee and the External Auditors. Each will supply a statement on the content of the Quality Account which will be included in the Annual Quality Report.
5. The Quality Report is copied to the Secretary of State for Health by 27th May 2016

Recommendation

6. The Council of Governors is asked to **note** the attached outline of the Trust's quality improvement priorities.
7. The Council of Governors is asked to **agree** to adopt End of Life Care as an area of focus for the following year.

Trust Quality Account and Quality Priorities

1. Background

- 1.1. NHS foundation trusts should include a report on the quality of care they provide within their annual report. The aim of this quality report is to improve public accountability for the quality of care.
- 1.2. To help achieve this, NHS Foundation Trusts must include a report on the quality of care they provide (the 'quality report') within their overall annual report.
- 1.3. NHS Foundation Trusts must also publish quality accounts each year, as required by the NHS Act 2009, and in the terms set out in the NHS (Quality Accounts) Regulations 2010 as amended by the NHS (Quality Accounts) Amendments Regulations 2011 and the NHS (Quality Accounts) Amendments Regulations 2012 (collectively 'the Quality Accounts Regulations').
- 1.4. The Quality Report incorporates all the requirements of the Quality Account Regulations as well as a number of additional reporting requirements set by Monitor and NHS England.

2. Key Requirements

- 2.1. The Quality Account is due to be formally submitted to the Secretary of State and by 27th May 2016.
- 2.2. Monitor guidance requires
 - 2.2.1. Part 1. Statement on quality from the Chief Executive of the NHS foundation trust
 - 2.2.2. Part 2. Priorities for improvement and statements of assurance from the board
 - 2.2.3. Part 3. Other –including an overview of the quality of care offered by the NHS foundation trust based on performance in 2015/16 against indicators selected by the board in consultation with stakeholders, with an explanation of the underlying reason(s) for selection. The indicator set selected must include:
 - 2.2.3.1. at least 3 indicators for patient safety;
 - 2.2.3.2. at least 3 indicators for clinical effectiveness; and
 - 2.2.3.3. At least 3 indicators for patient experience.
- 2.3. The purpose of this Quality Account is to enhance accountability to the public for the quality of NHS services. The content of the Quality Account is largely mandated by statute and includes
 - 2.3.1. Statement on Quality from the Chief Executive
 - 2.3.2. Statement of Directors' responsibilities in relation to the Quality Account
 - 2.3.3. Articulation of Quality Priorities for the year ahead
 - 2.3.4. Progress report on Quality Priorities identified for the previous year

- 2.3.5. Review and publication of various other nationally benchmarked data relating to quality (for example, incident reporting, Standardised Hospital Mortality Index [SHMI], Venous thromboembolism [VTE] risk assessment, friends and family test [FFT])
- 2.3.6. Review and publication of various other nationally benchmarked data relating to performance (for example, referral to treatment time [RTT] position and cancer access)
- 2.3.7. Participation in national clinical audits
- 2.3.8. Information on research participation
- 2.3.9. Progress report in relation to performance against commissioning for quality and innovation [CQUIN] goals for the previous year
- 2.3.10. Statement on compliance with Care Quality Commission [CQC] standards
- 2.3.11. Statement on data quality
- 2.3.12. Statements from external reviewers (Commissioners, Health Watch, Hospital Overview and Scrutiny Committee, Health and Wellbeing Board, NHS England, Auditors – Ernst and Young)
- 2.3.13. NHS England also have additional requirements to the report including Duty of Candour and the patient safety improvement plan as part of Sign up to Safety

3. 2016/17 Quality Improvement Priorities

- 3.1. The quality improvement priorities for 2016/17 are described in the attached presentation. (Appendix 1)

4. The role of the Council of Governors

- 4.1. The governors are asked to adopt a priority as an area of focus for them though the following year.
- 4.2. Quality Committee and the Medical Director are recommending that the governors may wish to select the End of Life Care priority. Reasons for this recommendation are as follows:
 - 4.2.1. A government report has highlighted that End of Life Care is a critical episode in the life of a patient and their family when there is 'One chance to get it right'.
 - 4.2.2. If high quality, compassionate and excellent care can be delivered at the end of life it is highly likely that the same staff trained and able to deliver this care will also achieve high standards for all other patients.
 - 4.2.3. There are 150-220 deaths per month at OUH NHS FT and these occur in most services and at all sites. It is therefore a unifying priority which gives the governors insight into care across the Trust.
 - 4.2.4. It is the subject of collaborative initiatives and fundraising with the Sobell House charity and the CEO and will be an active area for this year.

5. Recommendation

- 5.1. The Council of Governors is asked to **note** the attached outline of the Trust's quality improvement priorities.
- 5.2. The Council of Governors is asked to **agree** to adopt End of Life Care as an area of focus for the following year.

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April 2016